

2/8  
9290  
T.D

POSITION	INITIALS	LD NO.	DATE
PER DETERMINATION	<i>[Signature]</i>	<i>10/2/00</i>	<i>10/2/00</i>
OLP CLASSIFIER	<i>[Signature]</i>	<i>10/2/00</i>	<i>10/2/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>21 X 16</i>	<i>05-21-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>89</i>	<i>12-1-00</i>

## INDEX OF CLAIMS

- |   |                   |            |   |       |             |
|---|-------------------|------------|---|-------|-------------|
| ✓ | _____             | Rejected   | N | _____ | Not elected |
| ✓ | _____             | Allowed    | I | _____ | Interim     |
| - | (through comment) | Considered | A | _____ | Appeal      |
| ✓ | _____             | Restricted | O | _____ | On record   |

Row	Col	Page	Page
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**If more than 150 chairs or 10 actors  
 staple additional sheet here**

(LEFT INSIDE)

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